2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712207

FILED Apr 15, 2009 Secretary of State

Entity Name: PRESBYTERIAN CHURCH OF THE GOOD SHEPHERD OF MELBOURNE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 810 W FLORIDA AVE MELBOURNE, FL 329015156 **Current Mailing Address: New Mailing Address:** 810 W FLORIDA AVE MELBOURNE, FL 329015156 FEI Number: 59-6585306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMAGE, ERMA 3112 HANSON AVENUE MELBOURNE, FL 32901 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SEAVER, PAM Name: Name: 612 A ST ALBANS CT Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: TSD () Delete Title: () Change () Addition CARNES, MELANIE Name: Name: Address: 179 RIDGEMONT CIR SE Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition KEENAN, JOANN Name: Name: 650 E STRAWBRIDGE AVE, STE 307 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WIEGNER, LUZETTE Name: 810 LYNBROOK ST NW Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: () Change () Addition BELL, DAVID Name: Name: 1555 ANGLERS DR NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOSSETT, JACK HOPSON, WAYNE Name: Name: Address: 3530 EGRET DR Address: 1261 CREEL RD NE MELBOURNE, FL 32901 PALM BAY, FL 32905 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN KEENAN VP 04/15/2009